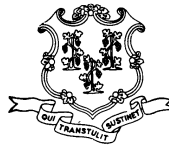


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

State Board of Accountancy  
165 Capitol Avenue  
Hartford, CT 06106  
Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

**Replacement/Duplicate Certificate Request**

This form must be mailed with a check or money order for \$25.00 made payable to "Treasurer, State of Connecticut" to the above address. There is a separate \$25.00 charge for each certificate requested.

Replacement and Duplicate certificates will contain language indicating that the certificate is a reissued or duplicate certificate.

**Section I: Applicant Information**

First Name		Middle Initial	Last Name	
Residence Address		City	State	Zip Code
Telephone Number	Email Address		Date of Birth	
Mailing Address (if different from above)				
Address		City	State	Zip Code

**Section II: Certificate Information**

Certificate Number/CPAC	Date of Issuance
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**Section III: Reason for Request**

<input type="checkbox"/> Reissue	<input type="checkbox"/> Duplicate
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Signature of Applicant	Date
------------------------	------

➔ **Return your completed request form and supporting documentation to:**

**Department of Consumer Protection  
State Board of Accountancy  
165 Capitol Avenue  
Hartford, CT 06106**